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Image#100011F1CATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL ACU-STRIKEFORCE POLITICAL ACTION COMMITTEE (b) Number and Street Address 4600 N FAIRFAX DR 2. FEC IDENTIFICATION NUMBER C00457291 SUITE 802 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY ARLINGTON VA 22203 X OTHER I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Name Office Sought State/District **Date** (i) **CHRIS LEOPOLD** 03 03/19/2010 House LA (ii) **PEG LUKSIK** 00 02/17/2010 Senate PΑ (iii) **CLARK PARKER** House SC 01 03/19/2010 (iv) LESTER S PHILLIP 02/17/2010 House AL05 (v) ALLEN B WEST House FL 22 02/17/2010 (b) Contributors: The committee received a contribution from its 51st contributor 05/12/2009 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 11/18/2008 (d) Qualification: The committee met the above requirements on: I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER DATE SIGNATURE OF TREASURER Electronically Filed by SCOTT MACKENZIE 04/22/2010 SCOTT MACKENZIE Text ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1 M
Revised 1/2001